

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/494,877	FILING DATE 01-31-00	APPLICANT(S)					
CLAIMS														
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						51							
2							52							
3							53							
4		/					54							
5		/					55							
6		(1)					56							
7		(1)					57							
8		(1)					58							
9		(1)					59							
10		/					60							
11		/					61							
12		/					62							
13		/					63							
14	/						64							
15		/					65							
16		/					66							
17		/					67							
18		/					68							
19		(1)					69							
20		(1)					70							
21		(1)					71							
22		(1)					72							
23		(1)					73							
24		(1)					74							
25	/						75							
26		/					76							
27		/					77							
28		/					78							
29		/					79							
30		/					80							
31		/					81							
32		/					82							
33	/						83							
34		/					84							
35							85							
36		/					86							
37		/					87							
38		/					88							
39		/					89							
40		/					90							
41		/					91							
42		/					92							
43	/						93							
44							94							
45		/					95							
46		/					96							
47		/					97							
48		/					98							
49							99							
50							100							
TOTAL IND.	5						TOTAL IND.							
TOTAL DEP.	43						TOTAL DEP.							
TOTAL CLAIMS	48						TOTAL CLAIMS							